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EXAMINER:

ART UNIT:

APPLICANT(S):

APPLICATION NO.: **09/558,232**FILING DATE: **4/26/2000**ATTORNEY DOCKET NO.: **900/00310**TOTAL PAGES (Incl. Certificate): **34**DOCUMENT(S):
1. Transmittal form
2. Petition for Extension of Time
3. Appeal Brief Filed (31 pages)_____
*Signature*_____
Janti Lie_____
*Typed or printed name of person signing Certificate*_____
650-623-0324_____
Telephone


PTO/SB/21 (01-08)


Approved for use through 02/28/2008, OMB 0861-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/550,232	RECEIVED CENTRAL FAX CENTER MAR 07 2008
	Filing Date	04/28/2000	
	First Named Inventor	David M. Menyak	
	Art Unit	2163	
	Examiner Name	Cheyne D. Ly	
Total Number of Pages in This Submission	Attorney Docket Number	800/00310	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (31 pgs) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Caliper Life Sciences, Inc.	
Signature		
Printed name	Donald R. McKenna	
Date	3/7/2008	Reg. No. 44,922

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Jani Lie	Date 03/07/08

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